

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | / | | | | | |
| 2 | | / | | | | |
| 3 | / | | | | | |
| 4 | / | | | | | |
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| 39 | / | | | | | |
| 40 | / | | | | | |
| 41 | / | | | | | |
| 42 | | 13 | | | | |
| 43 | / | | | | | |
| 44 | / | | | | | |
| 45 | 2 | (1) | | | | |
| 46 | 3 | (1) | | | | |
| 47 | 4 | (1) | | | | |
| 48 | 5 | (1) | | | | |
| 49 | 6 | (1) | | | | |
| 50 | 7 | (1) | | | | |
| TOTAL IND. | 4 | - | | | ↓ | ↓ |
| TOTAL DEP. | 123 | ← | ← | ← | ← | ← |
| TOTAL CLAIMS | 107 | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS